	Substitute for Form PTO-875						Application of Deliant Office Control of the Contro		
	CLAIMS AS FILED - PART I					·	Cocket Number		
		CLAIMS AS F	ILED - PA	ART (10 629,063	_	
. مر،		(Colun	տ 1)	(Column 2)	3 SMALL TO			\neg	
	FOR	NIMAGE			SMALL ENT	IT.Y OR	OTHER THAI	- 1	
	BASIC FEE	NUMBER	FILED	NUMBER EXTRA			SMALL ENTIT	1	
	TOTAL CLAIMS				RATE	FEE		\dashv	
• •	(37 CFR 1.16(c))	T					RATE FE		
	INDEPENDENT OF THE		inus 20 =		1 25 15	OR OR	1.		
	(37 CFR 1.16(b))				x s 25=		EN	∸ ∤	
			inus 3 =	•	x s 100=	OR OR	x s 50.	1 .	
	MULTIPLE DEPENDENT CLAIM PRESENT. 137 CENT TEXAU				X \$ 100=		20	<u> </u>	
			(37 CFR	1.16(0))	180				
	IT the difference in colu	nn 1 Is less than				OR OR	360		
			o, enter o	ia.column-2:	TOTAL				
	CLAI	MS AS AMENI	DED GA	· ·		OR	TOTAL	1	
		,	CO - PAP	रा ॥					
•		Column tj			•			1	
	₹ 5	CLAIMS I		lumn 2) (Column 3	SMALL ENTITY	, OR	07:100		
	1 101 10	EMAINING	Hig	HEST		OK	OTHER THAN	-{	
		AFTER	PRÉVI	MBER PRESENT OUSLY EXTRA	RATE ADD	.]	SMALL ENTITY	4 .	
••	≥ Total	ENOMENT	PAID	FOR	TION		RATE ADD	i	
	(31 OFR 1,16(c))	29 Min	us " 2"		- - FF6		TIONIL	P	
	Total O (31 OFR (.16(c)) Z Independent U (31 OFR (.16(p))	3. Min	<u> </u>	<u>'</u>	x s 25 .	. T	FEI	J 🔐	
	 	<u> </u>		<u> </u>		OR X	<u>50</u>		
	FIRST PRESENTATION	OF WALL TIPLE DEAD			xs_100.	OR X	,200	BEST	
i		- CC OEFE	NDENT CLAIM	(37 CFR 1.16(d))	+ 180=	-			
	,	;			TOTAL	OR +	.36D		
- 1					ADD'L FEE	TO	TAL		
. J	(0	lumn 1) .	(Colu	700 21 (C-1112 a.		OR AD	O'L FEE	≥	
- 1		AIMS .	HIGHE	ST		`	,	AVAILABLE	
- 1		FTED	NUMB		RATE ADDI	7 —	+	\triangleright	
- 1	Z Total AME	NOMENT .	PREVIOU PAID F	JSLY EXTRA	TIONAL		RATE DO	. 00	
	O DI CAR (. 1800) Independent (. 1800) Independent (. 1800)	9 . Minus	1 10		FEF	1 . 1	FIONA		
-	U (7) CFR (.160g)	Minus	101	60	× . 25.	7	FEE	m	
1	Σ	2	5	30	× s 100=	OR X S	5b.X	\bigcirc	
· L	FIRST PRESENTATION O	FIRST PRESENTATION OF WILLTIGHE DESCRIPTION				OR X S	200	\boldsymbol{X}	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ 180.	7 1	7	\simeq	
- 1	•				TOTAL	OR j+	160 /	و	
1				•	ADO'L FEE	OR ADD	AL .		
	(Colu		. (Column	2) (Column 3)		7 OK YOD.	I REP.		
	. [] [] []	INING	HIGHES	T					
- 1	Z AF	ER	PREVIOUS		RATE ADDI	7 —		••	
1 5	Total AMENI		PAID FO	R EXTRA	TIONAL	R	ADDI-	•	
1 3	Total Orden see	Minus	4.		FFF FFF	1 1	TIONAL		
13	LI (IT OFR 1, sept)	Minus	•		×.25	7	FEE	•	
	Σ			-	Im	OR KS		·	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT OF							•	
(31 CFR 1,16/di)									
	OR + 300							-	
1	" If the entry in and								
This collection of terrorising Paid For (Total or Independent) is the terrorising Paid For (Total or Independent) is the terrorising Paid For IN THIS SPACE is less than 20, enter '20'. The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'. This collection of terrorising Paid For (Total or Independent) is the terrorising the terrorising the terrorising that the terrorising							FEE .	•	
					er *20*.				
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". This collection of information is required by 37 CFR 1.16. The information is suppressed an application of information is required by 37 CFR 1.16. The informa									
A21.	TU to process) an application	ob 31 CH	< 1.16. The k	Mormalian in the little		• house			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case. Any complete, and trademark office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS